Office Use only
Date Received: ______/_____/_________
Background Checks Completed: ______/_____/_________
Date Entered: ______/_____/_________
- *Approved* ____/_____/_______to __/_____/_______
- *Denied*

Please return to:

Local Network Information

AGENCY RESPITE PROVIDER APPLICATION

☐ Initial Application ☐ Annual Update

Agency Name (DBA, if applicable): ___________________________ Contact Name, Title: ___________________________

Mailing Address: ________________________________ City, State, Zip + 4: _____________________________________

Location(s) of Facility or Service____________________City, State, Zip + 4: ____________________________________

Business Telephone ____-____-______ (Cell) ____-____-______ (Fax) ____-____-______

Email: ____ Can we contact you via email? ☐ Yes ☐ No

Website: __________________________ Counties Served: ____

Rates: $_____hourly $_____daily $_____overnight $ _____weekend ___ volunteer

Number of years' experience caring for others: ____ 0-1 ____ 1-2 ____ 3-4 ____ 5-6 ____ 7-10 ____10+ years

Agency Description: ____
____
____

Type of Agency* (please check all that apply):
*** If applicable, provide facility license number. Also include current dates for any DHHS Provider Agreement(s) and indicate DHHS Division responsible (MLTC, CFS, DD, and/or BH). NIS Address Book #** _________________________

☐ Adult Day Service or Adult Day Health Care____

☐ Adult Protective Services Provider____

☐ Assisted Living Facility ____

☐ Child Care Center/Facility ____

☐ Community Non-Profit Agency/Advocacy Organization ____

☐ Developmental Disabilities Community Supports Provider ____

☐ Home Health Agency ____

☐ Hospice/Palliative Care Provider ____

☐ Nursing or Rehabilitation Facility ____

☐ Respite Care Facility ____

Please check where you are willing to provide respite:

☐ Care Recipient's Home ☐ Provider's Home/Facility ☐ Community Setting

Are you willing to travel to provide respite or transport care recipient to appointments, etc.? ☐ Yes ☐ No

If yes, maximum distance from your address:

☐ 10 miles ☐ 25 miles ☐ 50 miles ☐ over 50 miles

Please check Activities of Daily Living (ADLs) you are you willing to work with:

- ☐ Toileting
- ☐ Bathing
- ☐ Dietary
- ☐ Grooming
- ☐ Mobility
- ☐ Dressing
- ☐ Transferring

Please check the Emotional and Behavioral Impairments you are willing to work with:

- ☐ ADD/ADHD
- ☐ Mental Disorders
- ☐ Reactive Attachment Disorder
- ☐ Anxiety
- ☐ Non-Verbal
- ☐ Self-Abusive
- ☐ Depression
- ☐ Oppositional Defiant Disorder
- ☐ Temper Tantrums
- ☐ Fetal Syndrome Alcohol Syndrome
- ☐ Wandering
- ☐ Hyperactivity
- ☐ Physically Aggressive

Please check the Medical and Health Impairments and/or Specific Disabilities you are willing to work with:

- ☐ ALS/Lou Gehrig's Disease
- ☐ Hearing Impairment/ Hearing Aids
- ☐ Seizure Disorder
- ☐ Alzheimer's/Dementia
- ☐ Heart Problems
- ☐ Severe Allergies
- ☐ Autism / Autism Spectrum Disorder
- ☐ Speech and Language Delays
- ☐ Arthritis or other Joint Problems
- ☐ Spinal Cord
- ☐ Blood problems, such as Anemia or Sickle Cell Disease
- ☐ Stiff Person's Syndrome
- ☐ Breathing problems such as Asthma, COPD or Cystic Fibrosis
- ☐ Stroke
- ☐ Cancer
- ☐ Intellectual Disability/Developmental Delay
- ☐ Tracheotomy
- ☐ Catheter Care
- ☐ Multiple Sclerosis
- ☐ Traumatic Brain Injury
- ☐ Diabetes
- ☐ Muscular Dystrophy
- ☐ Visual Impairment
- ☐ Cerebral Palsy
- ☐ Paraplegia/Quadriplegia
- ☐ Feeding Tube
- ☐ Parkinson's Disease

Please check the ages you are willing to work with (check all that apply):

- ☐ 0-2 years
- ☐ 19-35 years
- ☐ 65-74 years
- ☐ all ages
- ☐ 3-5 years
- ☐ 36-50 years
- ☐ 75-84 years
- ☐ 6-18 years
- ☐ 51-64 years
- ☐ 85 and over

Please list languages you (or your staff) speak: ☐ English ☐ ________________________________

How did you hear about the Nebraska Lifespan Respite Network (check all that apply)?

- ☐ Presentation
- ☐ Brochure/Poster
- ☐ Friend/Relative
- ☐ Newspaper
- ☐ Newsletter
- ☐ Internet
- ☐ TV/Cable/Radio (please circle)
- ☐ Referral
- ☐ Other__________________________

Nebraska Lifespan Respite Network Provider Standards:

By signing this Application the Applicant understands that as a condition of applying to be a Lifespan Respite Network-Approved Provider, compliance with Provider Standards is required:

1. Ensure individual provider, household member age 19 or older if providing respite in the applicant's home, or agency staff person having direct care recipient contact has been cleared with the DHHS Child Abuse/Neglect Central Registry, the DHHS Adult Protective Services Central Registry, State Patrol Sexual Offenders Registry and the State Patrol Criminal History Check. Agency applicant will maintain results of these checks in the employee personnel files and make available to the Department.
2. Agency provider is licensed and/or certified as required by state law.
3. Provide respite services as an independent contractor recognizing that the provider is not an employee of the Department or State.
4. Respect the care recipient's rights to confidentiality and safeguard confidential information.
5. Acknowledge responsibility for the care recipient's safety and property.
6. Have knowledge, experience, and / or skills to perform the task(s) agreed upon to safely provide respite care.
7. Assure that any suspected abuse or neglect will be immediately reported to law enforcement and / or the Abuse-Neglect hotline (1-800-652-1999).
8. Acknowledge Lifespan Respite Network application will be denied or approval immediately terminated when individual respite provider, household member age 19 or older if providing respite in the applicant's home, or agency staff is found to have a criminal history that includes conviction of any unlawful act endangering the health or safety of another individual. Such convictions include crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the sale, distribution or procurement of a controlled substance, or crimes involving moral turpitude on the part of the individual. These crimes include but are not limited to:
    a. Aggravated or armed robbery;
    b. Assault, first or second degree;
    c. Child abandonment;
    d. Child abuse;
    e. Child molestation or debauching a minor;
    f. Child neglect;
    g. Commercial sexual exploitation of a minor;
    h. Domestic violence;
    i. Exploitation of a minor involving drug offenses or conviction of drug offenses that involved a minor;
    j. Felony controlled substances offenses, other than possession;
    k. Felony violation of custody;
    l. Incest;
    m. Kidnapping;
    n. Murder, first or second degree;
    o. Sexual abuse of a minor;
    p. Sexual assault;
    q. Sexual exploitation of a minor, including child pornography; or
    r. Voluntary manslaughter.
9. Acknowledge Lifespan Respite Network application will be denied or approval immediately terminated when individual respite provider, household member age 19 or older if providing respite in the applicant's home, or agency staff is found to have a has a criminal history that includes conviction in the last 20 years of:
    a. Arson;
    b. Criminal non-support;
    c. Felony possession of controlled substance offenses;
    d. Felony theft; or
    e. Robbery.

    The 20-year disqualification begins the date the conviction became final. Any time the individual is incarcerated, either in jail or a state or federal correctional facility, is not included in the calculation of the 20-year period of disqualification. If the individual has more than one conviction, the 20-year disqualification begins the date the most recent conviction became final.
10. Acknowledge Lifespan Respite Network application will be denied or approval immediately terminated when individual respite provider, household member age 19 or older if providing respite in the applicant's home, or agency staff is found to have a criminal history that includes conviction in the last five years of:
    a. Burglary;
    b. Driving under the influence: two or more convictions;

c. Felony bad check writing;
d. Misdemeanor controlled substances offenses;
e. Misdemeanor contributing to the delinquency of a child; or
f. Misdemeanor theft.

The five-year disqualification begins the date the conviction became final. Any time the individual is incarcerated, either in jail or a state or federal correctional facility, is not included in the calculation of the five-year period of disqualification. If the individual has more than one conviction, the five-year disqualification begins the date the most recent conviction became final.

I certify that I have read and understand the standards as stated and referenced above and agree to comply with all Provider Standards.

_________________________________	____________________________	____/____/______
Agency Representative, Title	Printed Name	Date (Month, Day, Year)

I give permission to include my information on the Official Nebraska Government Website, Nebraska Resource and Referral System (NRRS) Provider Listing for Respite Resources. If you mark "NO" your information will remain private through the Nebraska Lifespan Respite Network secure online system. ☐ **YES** ☐ **NO**